

Middlebury Health District

2012 Behavioral Risk Factor Surveillance System Data

Guidance • Support • Prevention • Protection

VDH – Public Health Statistics
May 2014

 **VERMONT**
DEPARTMENT OF HEALTH

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What is the Behavioral Risk Factor Surveillance System or BRFSS?

The Behavioral Risk Factor Surveillance System (BRFSS) is a telephone survey conducted annually among adults 18 and older. The Vermont BRFSS is conducted by the Vermont Department of Health (VDH) in collaboration with the Centers for Disease Control and Prevention (CDC). All U.S. states, Washington D.C. and several U.S. territories participate in the survey.

Typically between 6,000 and 7,000 Vermont adults are interviewed as part of the Vermont BRFSS each year. Vermont residents ages 18 and older are eligible for the survey. A Vermont resident is defined as someone living in the state for at least 30 days in a given calendar year. Adults living in institutions such as nursing homes, group homes, or prisons are not eligible for the survey.

The BRFSS survey includes questions on chronic disease prevalence (e.g. asthma diagnosis), risk behaviors (e.g. currently smoke), demographics (e.g. age, gender, race), health care access (e.g. have health insurance), and preventive behaviors and health screening (e.g. routine visits to a doctor or colorectal cancer screening).

Additional information can be found on the VDH and CDC websites:

- <http://healthvermont.gov/research/brfss.aspx>
- <http://www.cdc.gov/brfss/>

A report summarizing the 2012 statewide results from the Vermont BRFSS can also be found on the VDH website:

http://healthvermont.gov/research/brfss/documents/summary_brfss_2012.pdf

Recent Changes to BRFSS Methodology

In 2011, the CDC implemented changes to the BRFSS weighting methodology in order to more accurately represent the adult population. Population weights are now calculated using iterative proportional fitting (or “raking”) methodology. This allows the weights to be calculated using smaller sample sizes, adjusts for more demographic variables, and incorporates cell phone interview data into estimates.

While these adjustments make the calculations more representative of the population, the changes in methodology also limit the ability to compare 2011 results to previous years. VDH’s Center for Health Statistics recommends that comparisons between 2011 BRFSS data and earlier years be made with caution. Statistical differences between 2011 and earlier years may be due to methodological changes, rather than changes in opinion or behavior.

Demographics of Middlebury Health District*

The next few pages describe the demographic makeup of Middlebury area adults in 2011-2012.

More than half of Middlebury adults are female. Seven in ten adult Middlebury residents are 25-64, with one in five ages 65 and older.

- Middlebury area adults report a similar age distribution to Vermont adults overall.

Three in ten Middlebury area adults has a college degree or higher, while four in ten has a high school degree or less.

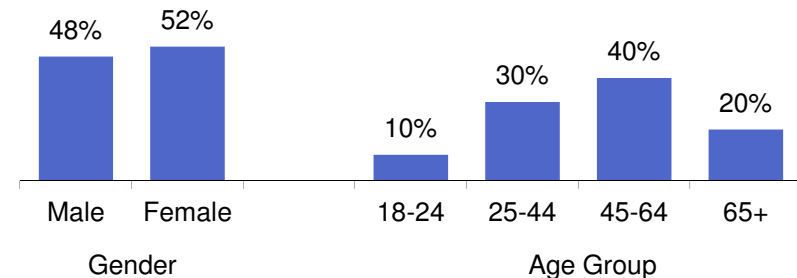
- Middlebury area adults report a similar education distribution to Vermont adults overall.

Half of Middlebury adults lives in a home making \$50,000 or more annually.

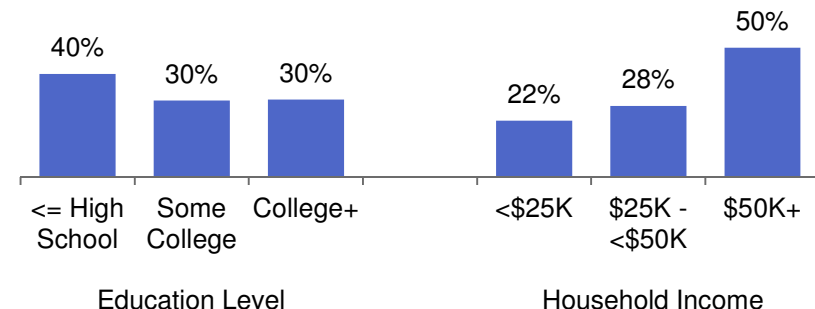
- There are no statistical differences between Middlebury adults and Vermont adults overall by annual income level.

Five percent of adults in the Middlebury area and Vermont overall report being a racial or ethnic minority.

**Middlebury Residents
by Gender and Age**



**Middlebury Residents
by Socio-Economic Status**



*See page 27 for a list of the towns included in the Middlebury Health District.

Demographics of Middlebury Health District

Almost seven in ten Middlebury adult residents are currently employed, while one in seven is retired. Ten percent said they are a student or homemaker, and four percent or less each said they are unemployed or unable to work.

- Middlebury area adults reported a similar employment distribution to Vermont adults overall.

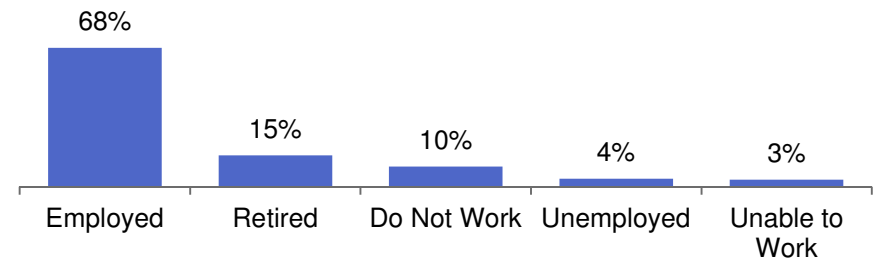
More than half of Middlebury adults are married. Less than a quarter have never married, while thirteen percent are divorced. Five percent or fewer each are widowed or part of an unmarried couple.

- Adults in the Middlebury area reported similar rates by marital status, as compared with Vermont adults overall.

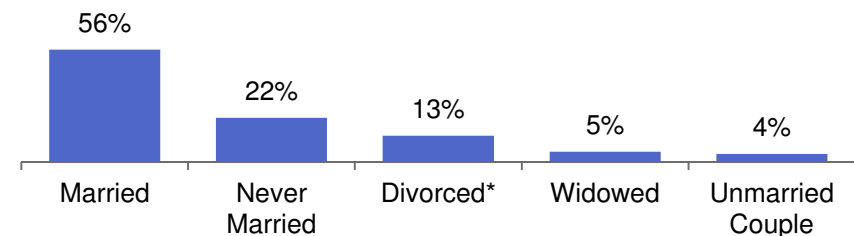
More than two-thirds of adults in the Middlebury area said there are no children less than 18 in their home. Five percent reported having three or more children.

- The number of children in the home reported by Middlebury area adults was similar to that for Vermont overall.

**Middlebury Residents
by Employment Status**

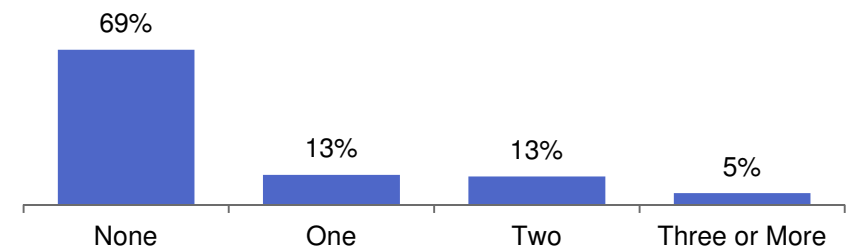


**Middlebury Residents
by Marital Status**



*Includes those who reported their marital status as divorced or separated.

**Middlebury Residents
by Children in Household**

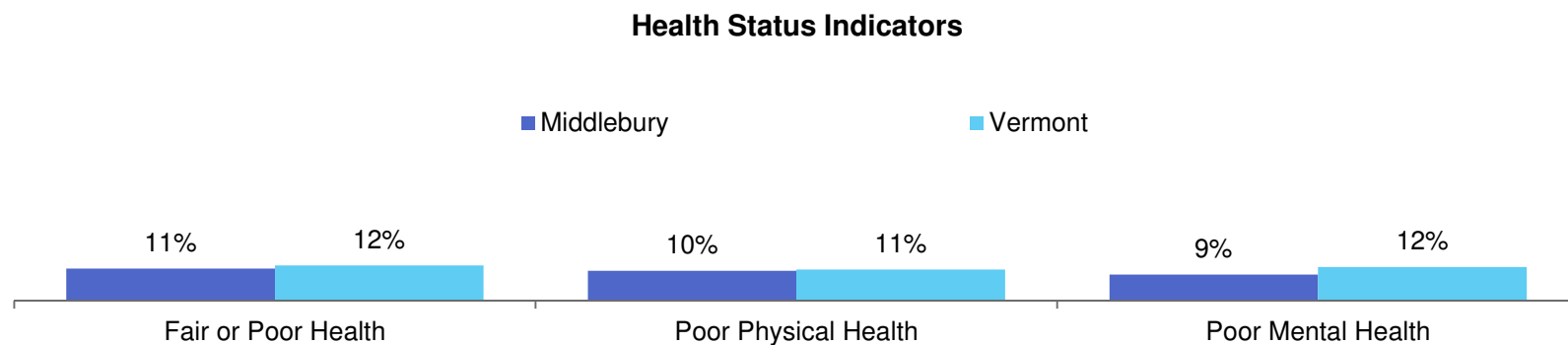


Health Status Indicators

In 2011-2012, one in nine Middlebury area adults reported being in fair or poor general health. Slightly fewer, one in ten reported having poor physical health, while nine percent said they had poor mental health.

- Poor mental and physical health were defined as 14 or more days of poor mental/physical health in the last month.

There are no statistically significant differences in health status, regardless of the measure, when comparing Middlebury area adults and Vermont adults overall.



Health Status Indicators

Rates of fair or poor general health, poor physical health and poor mental health among Middlebury area adults do not differ significantly by gender.

Among Middlebury adults, reported fair or poor general health and poor physical health increase with age.

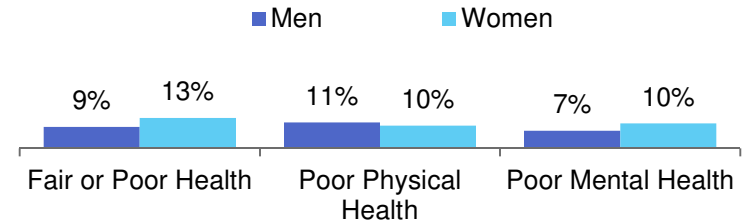
- Adults 65 and older are significantly more likely than those 18-44 to report fair or poor general health (21% vs. 5%) and poor physical health (17% vs. 6%).

There are no statistical differences in poor mental health by age.

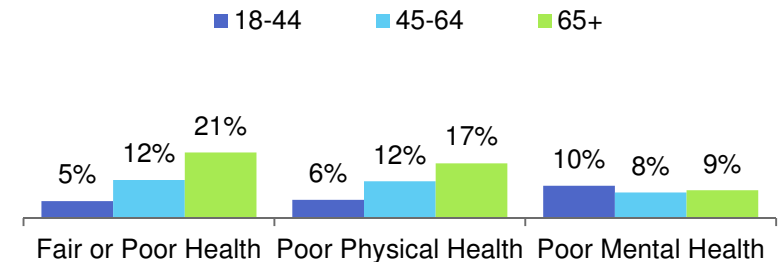
Poor health, regardless of the indicator, among Middlebury area adults decreases with increasing annual household incomes.

- Adults in homes making less than \$25,000 per year are significantly more likely to report fair or poor general health those in homes making \$25,000 or more.
- Those in homes making less than \$25,000 annually are also significantly more likely than those in homes making \$50,000 or more to report poor physical health.
- Rates of poor mental health do not vary statistically by annual household income level.

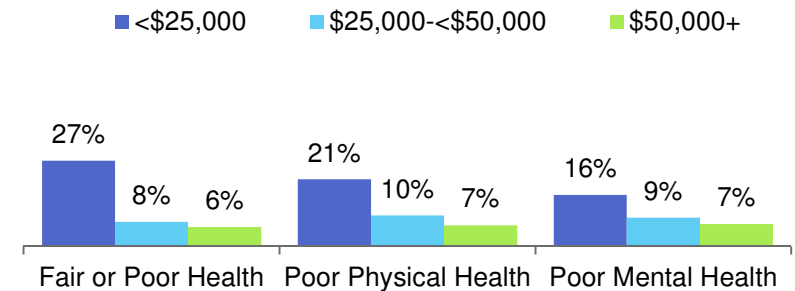
**Health Status Indicators by Gender
Middlebury Adults**



Health Status Indicators by Age



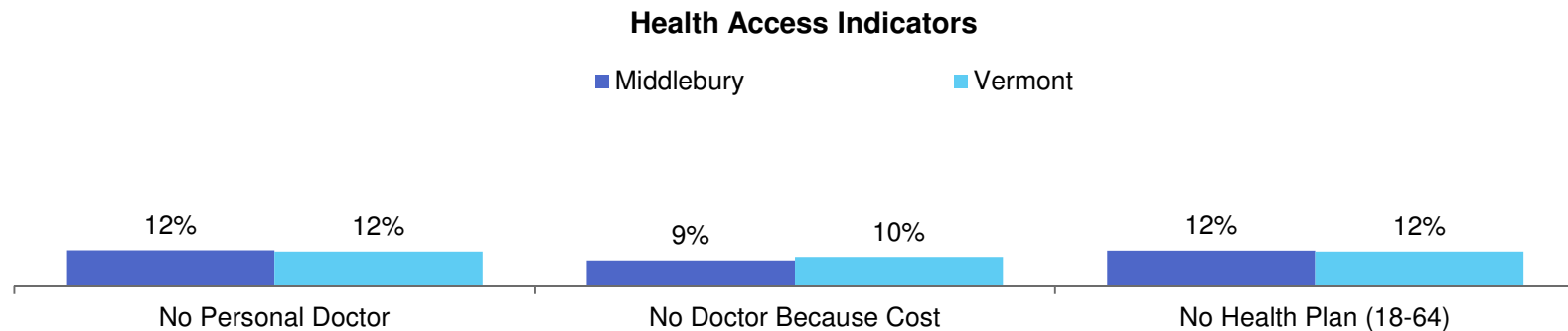
Health Status Indicators by Income Level



Health Access Indicators

In 2011-2012, one in eight adults in the Middlebury area said they do not have a personal doctor for health care. Fewer, one in eleven said they needed care in the last year but did not seek it due to the cost. Among Middlebury area adults ages 18-64, twelve percent said they do not have health insurance.

There are no differences in health care access, regardless of the measure, when comparing Middlebury area adults and Vermonters overall.



Health Access Indicators

Middlebury area men are significantly more likely than women to report not having a personal doctor (19% vs. 6%).

There are no statistically significant differences by gender in delaying care due to cost and not having a health plan.

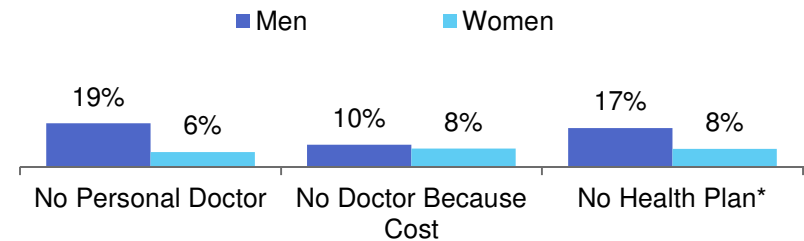
Poor health care access decreases with increasing age.

- Middlebury adults 18-44 are significantly more likely than those 65 and older to not have a personal doctor (18% vs. 6%) and to delay care due to cost (12% vs. 3%).
- There are no significant differences in having a health plan by age.

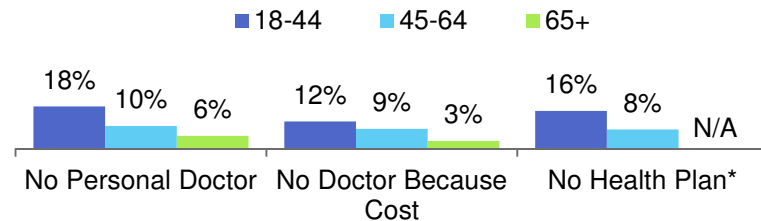
Adults in the Middlebury area who have low annual household incomes are more likely to report poor health care access, regardless of the indicator.

- Adults living in homes with low incomes, less than \$25,000, are significantly more likely than those in homes making \$50,000 or more to delay care due to cost (18% vs. 5%).
- Not having a personal doctor or health plan do not vary statistically by annual household income level.

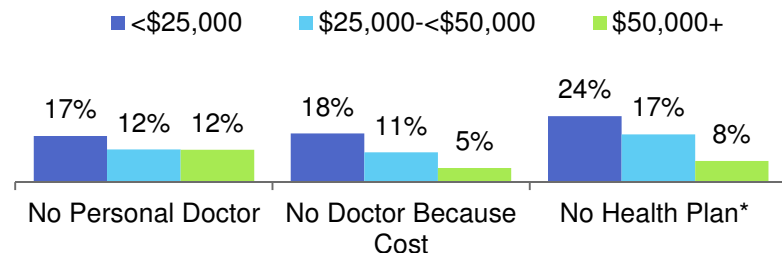
**Health Access Indicators by Gender
Middlebury Adults**



Health Access Indicators by Age



Health Access Indicators by Income Level



*Limited to adults 18-64.

Disability

Less than a quarter of Vermont adults reported having a disability (21%) in 2012. This is statistically similar to the 23% reported among adults in the Middlebury area.

- Disability was defined as having activity limitations due to physical, emotional or mental problems OR any health problem that requires use of special equipment.

Men and women in the Middlebury area report being disabled at statistically similar rates.

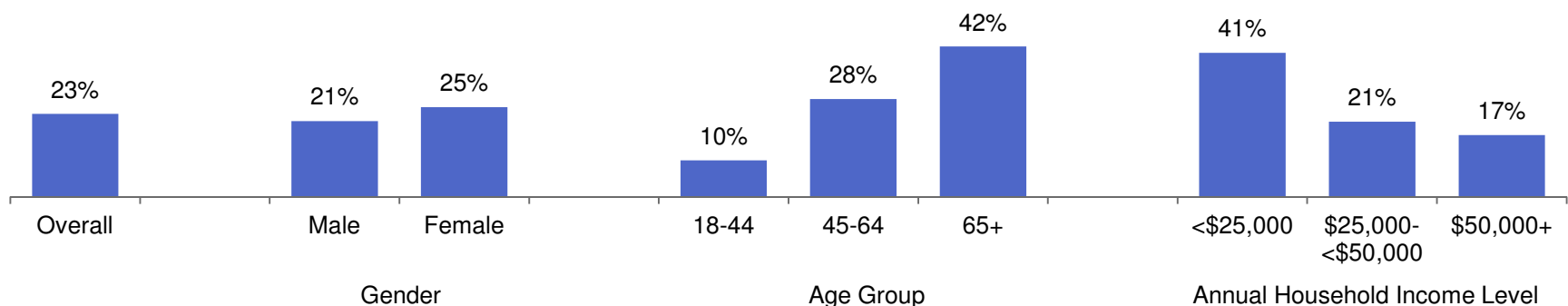
Reported disability among Middlebury adults increases with increasing age.

- All differences by age are statistically significant.

Middlebury area adults with lower annual household incomes are more likely to be disabled.

- Adults in homes making less than \$25,000 annually are significantly more likely to report disability than those in homes with more income.

**Disability, Overall and by Sub-groups
Middlebury Adults**



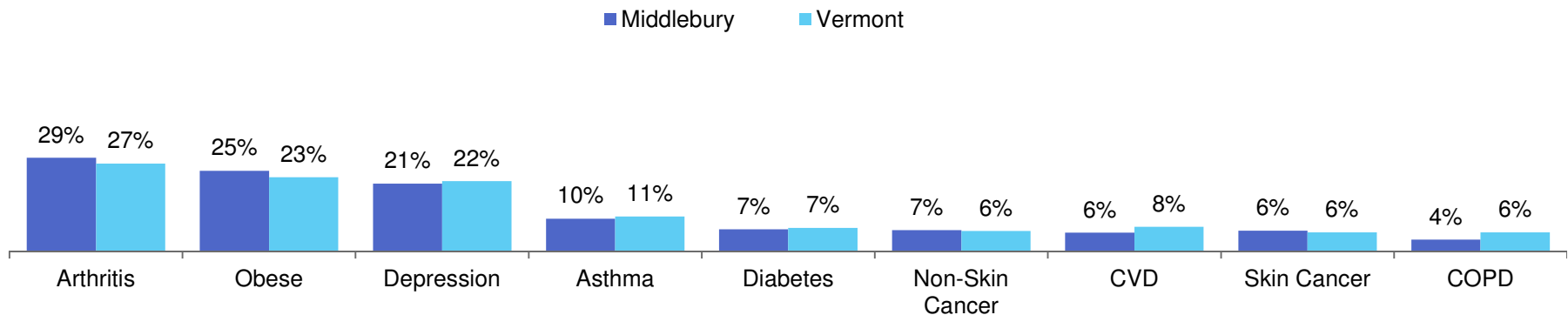
Chronic Conditions

Three in ten Middlebury area adults said they have ever been diagnosed with arthritis. Fewer, a quarter, are obese, while about one in five has a depressive disorder.

One in ten Middlebury area adults has asthma and less than one in thirteen has been diagnosed with the following: diabetes, non-skin cancer, cardiovascular disease (CVD), skin cancer, and chronic obstructive pulmonary disease (COPD).

There are no statistical differences in any chronic disease prevalence among Middlebury area adults compared with Vermont adults overall.

Prevalence of Selected Chronic Conditions



CVD = cardiovascular disease.

Obesity data is limited to adults 20 and older and is age-adjusted to the U.S. 2000 population.

Chronic Conditions

Among Middlebury area adults, diagnosis of a depressive disorder and asthma are both significantly higher among females than males.

- About three in ten females report a depressive disorder, compared with 13% of males.
- Fifteen percent of females said they have asthma versus only five percent of males.

Prevalence of arthritis and obesity do not vary significantly by gender.

Arthritis prevalence among Middlebury adults increases with increasing age.

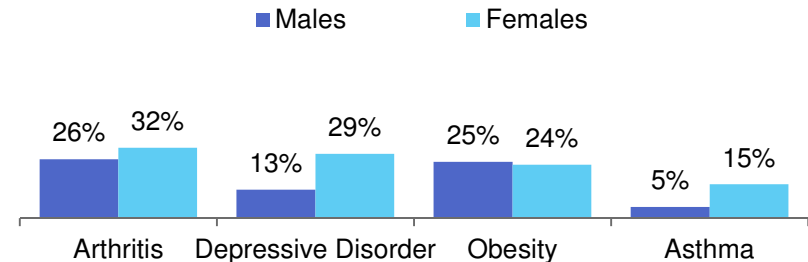
- All differences by age are statistically significant.

There are no differences in depressive disorders, obesity, and asthma by age.

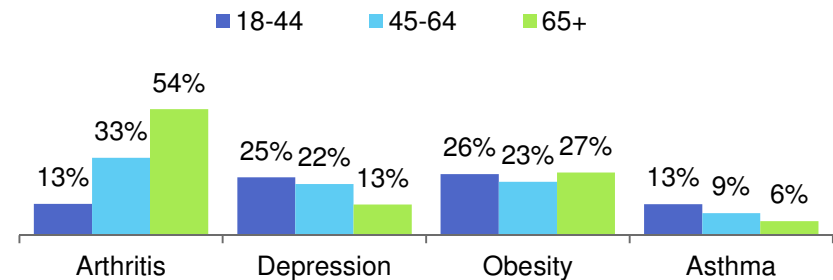
The prevalence of arthritis, depressive disorders, obesity, and asthma among Middlebury adults all decrease as reported annual household income increases.

- Arthritis prevalence is significantly lower among those in homes making \$50,000 or more compared to those in homes with less income.
- There are no statistical differences by annual household income level in the prevalence of depressive disorders, obesity, and asthma.

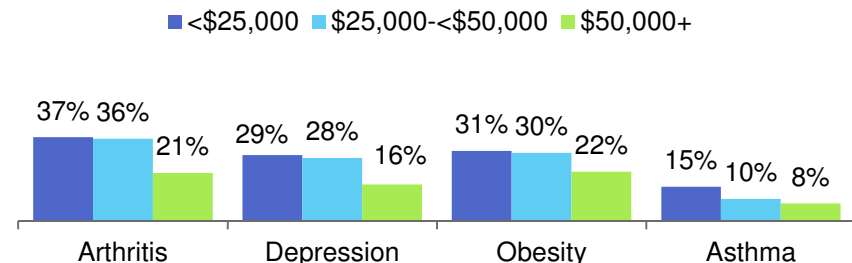
**Chronic Conditions by Gender
Middlebury Adults**



Chronic Conditions by Age



Chronic Conditions by Income Level



Note: Obesity data are for adults 20 and older and, except that for age, are age adjusted to U.S. 2000 standard population.

Chronic Conditions

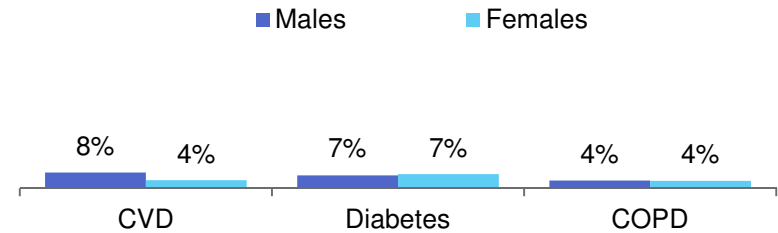
There are no statistically significant differences by gender for the prevalence of cardiovascular disease, diabetes, and COPD.

Reported cardiovascular disease, diabetes and COPD among Middlebury area adults all increase as age increases.

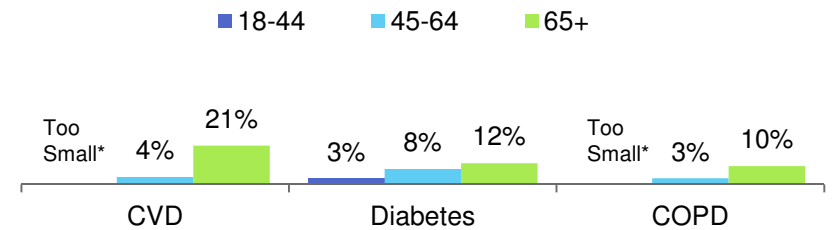
- Middlebury adults 65 and older are significantly more likely than those 45-64 to report cardiovascular disease (21% vs. 4%) and COPD (10% vs. 3%).
- Adults 65 and older are also significantly more likely than those 18-44 to report diabetes (12% vs. 3%).

There are no statistical differences by annual household income level in the prevalence of cardiovascular disease, diabetes, and COPD.

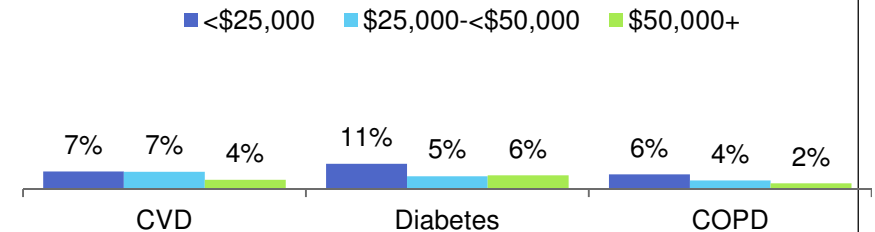
**Chronic Conditions by Gender
Middlebury Adults**



Chronic Conditions by Age



Chronic Conditions by Income Level



*Sample size is too small to report

Chronic Conditions

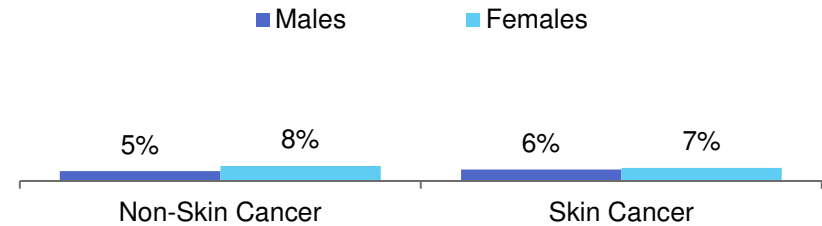
There are no statistical differences by gender in the prevalence of non-skin cancer or skin cancer among Middlebury area adults.

The prevalence of both non-skin cancer and skin cancers increases with increasing age.

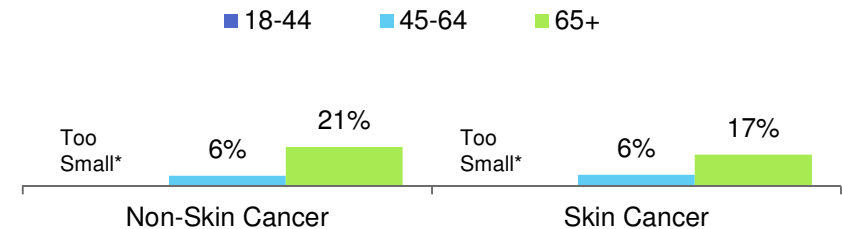
- Adults 65 and older are significantly more likely than those 45-64 to report a non-skin cancer (21% vs. 6%) and skin cancer (17% vs. 6%).

Among Middlebury adults, there are no statistical differences in the prevalence of non-skin cancer or skin cancer by annual household income level.

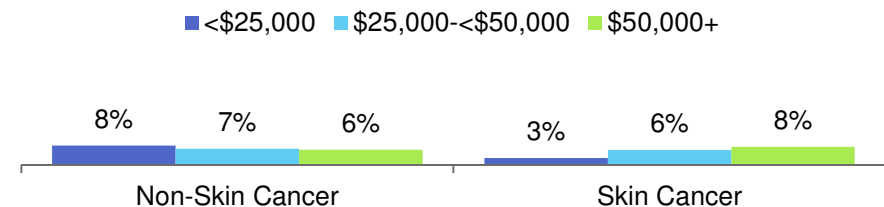
**Chronic Conditions by Gender
Middlebury Adults**



Chronic Conditions by Age



Chronic Conditions by Income Level



*Sample size is too small to report

Risk Behaviors

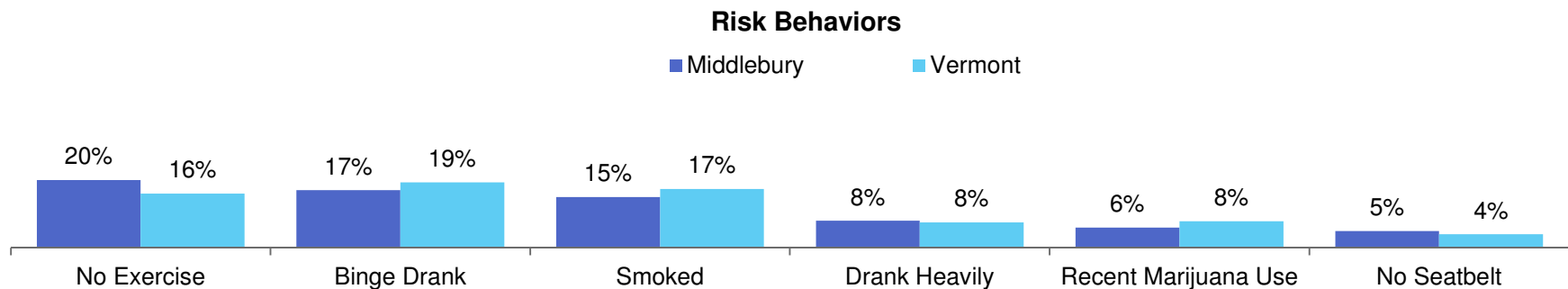
In 2011-2012, one in five Middlebury adults said they did not participate in any physical activity during the previous month. About one in seven reported they currently smoke. Of smokers, 64% said they tried to quit in the last year.

One in six Middlebury adults said they binge drank in the past month, while eight percent heavily drank.

- Binge drinking was defined as five or more drinks in one sitting for men and four or more drinks for women. Heavy drinking was defined as more than two drinks per day for men and more than one for women.

Six percent or fewer each said they recently used marijuana and seldom or never wear a seatbelt when riding in a car.

Middlebury area and Vermont adults had similar risk factor prevalence rates for all measures.



Note: Smoking and exercise data are age adjusted to the U.S. 2000 standard population

Risk Behaviors

There are no statistically significant differences by gender among Middlebury area adults in smoking and not participating in physical activity.

Among adults in the Middlebury area, smoking rates decrease with increasing age.

- Adults 18-64 are significantly more likely to report smoking than those 65 and older.

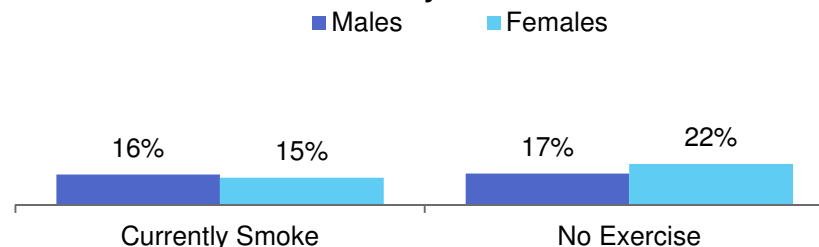
Conversely, not participating in physical activity increases with increasing age.

- Adults 65 and older are significantly more likely to not participate in physical activity than those 18-64.

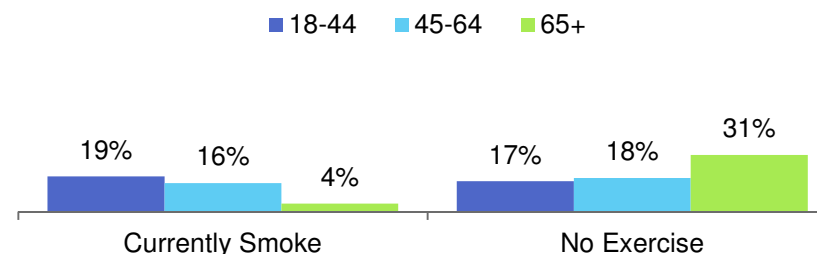
Middlebury area adults in homes with more income are less likely to currently smoke and less likely to not participate in physical activity.

- Adults in homes making \$50,000 or more are significantly less likely than those with less income to smoke and not participate in physical activity.

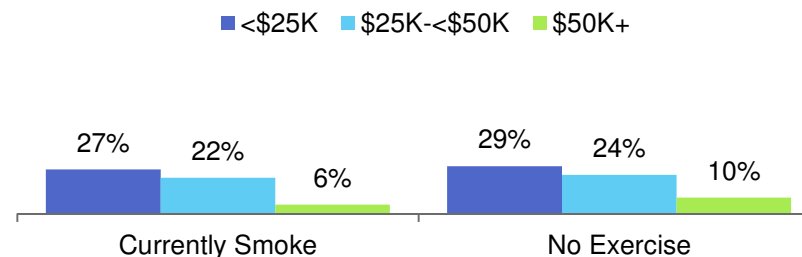
**Risk Behaviors by Gender
Middlebury Adults**



Risk Behaviors by Age



Risk Behaviors by Income Level



Note: Smoking and physical activity data, except that by age, are age-adjusted to the U.S. 2000 population.

Risk Behaviors

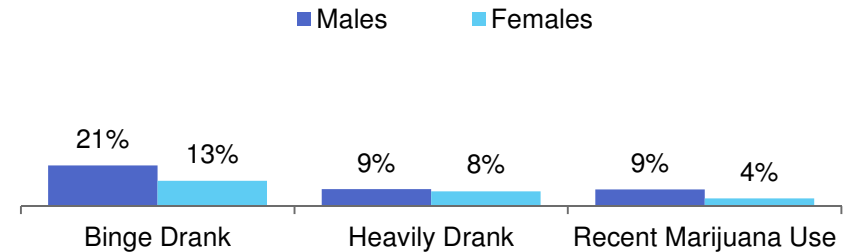
There are no statistical differences in the rates of binge drinking, heavy drinking and recent marijuana use by gender among Middlebury adults.

Binge drinking, heavy drinking and recent marijuana use all decrease with increasing age.

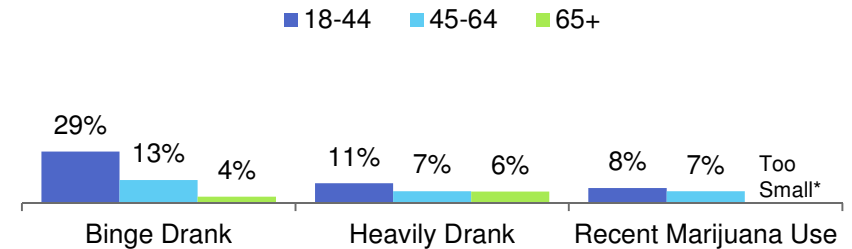
- All differences in binge drinking by age are statistically significant.
- Differences in heavy drinking and recent marijuana use are not statistically significant by age.

There are no statistically significant differences by annual household income level in binge drinking, heavy drinking, or recent marijuana use.

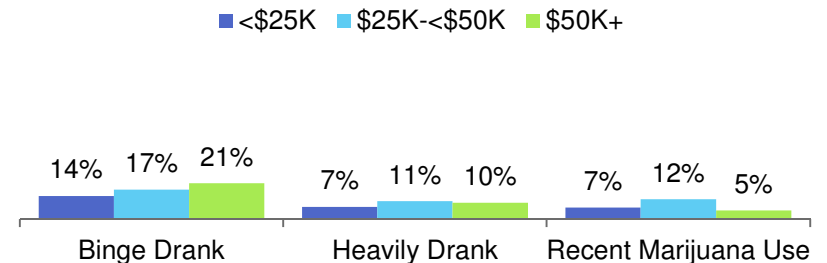
**Risk Behaviors by Gender
Middlebury Adults**



Risk Behaviors by Age



Risk Behaviors by Income Level



*Sample size is too small to report

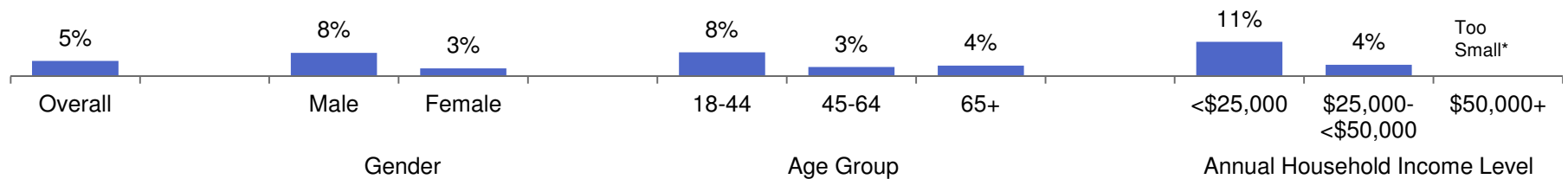
Risk Behaviors

Overall, one in twenty (5%) adults in the Middlebury area said they seldom or never wear a seatbelt when riding or driving in a car. This is statistically similar to the four percent of Vermont adults who reported the same.

Middlebury area men and women do not wear seatbelts at statistically similar rates.

Adult non-use of seatbelts in the Middlebury area does not differ by age or annual household income level.

**Seldom or Never Wear Seatbelt, Overall and by Sub-groups
Middlebury Adults**

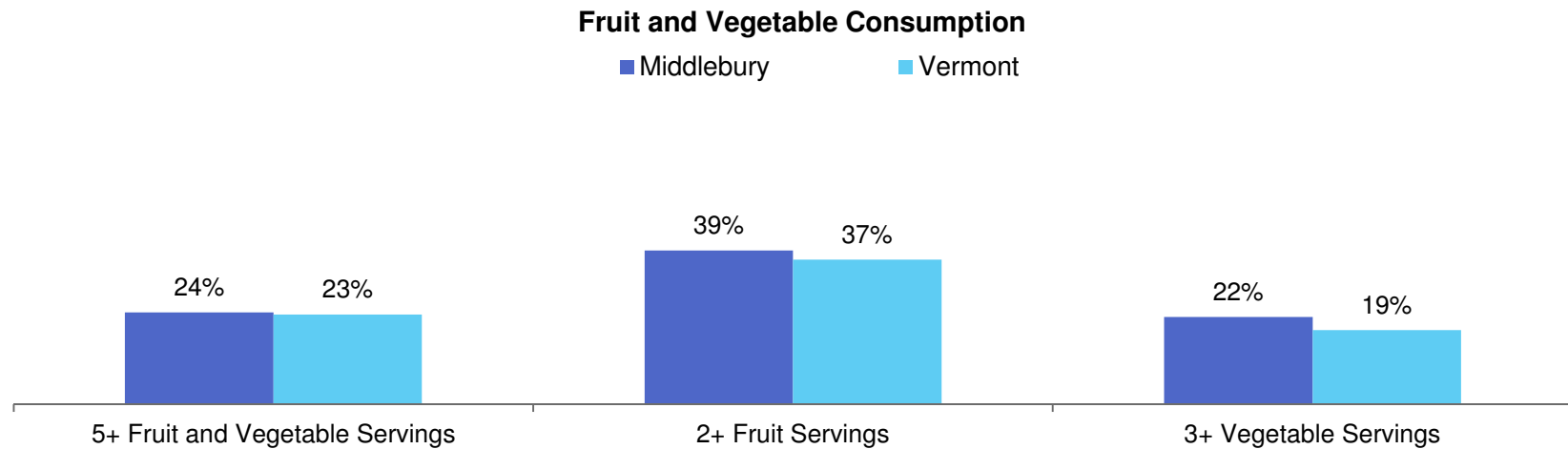


*Sample size is too small to report.

Preventive Behaviors

In 2011, about a quarter of Middlebury area adults reported eating the recommended five or more fruit and vegetable servings per day. Roughly four in ten ate two or more fruits and 22% reported eating three or more vegetable servings.

Middlebury area adult consumption of fruits and vegetables was statistically similar to that among Vermont adults.



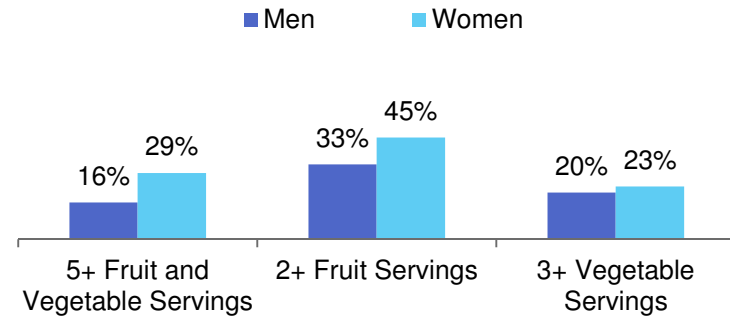
Preventive Behaviors

Women in the Middlebury area eat more fruits and vegetables than men, however, none of the differences are statistically significant.

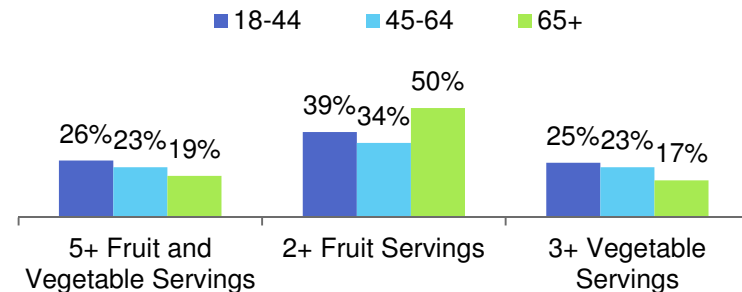
There are no differences in fruit and vegetable consumption by age among Middlebury adults.

Fruit and vegetable consumption increases as annual household income level increases, however, none of the differences are statistically significant.

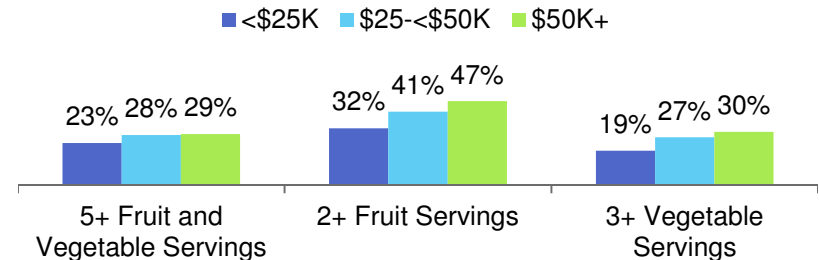
**Preventive Behaviors by Gender
Middlebury Adults**



**Preventive Behaviors by Age
Middlebury Adults**



**Preventive Behaviors by Income Level
Middlebury Adults**



Note: Fruit and vegetable data, except that by age are age adjusted to the U.S. 2000 standard population.

Preventive Behaviors

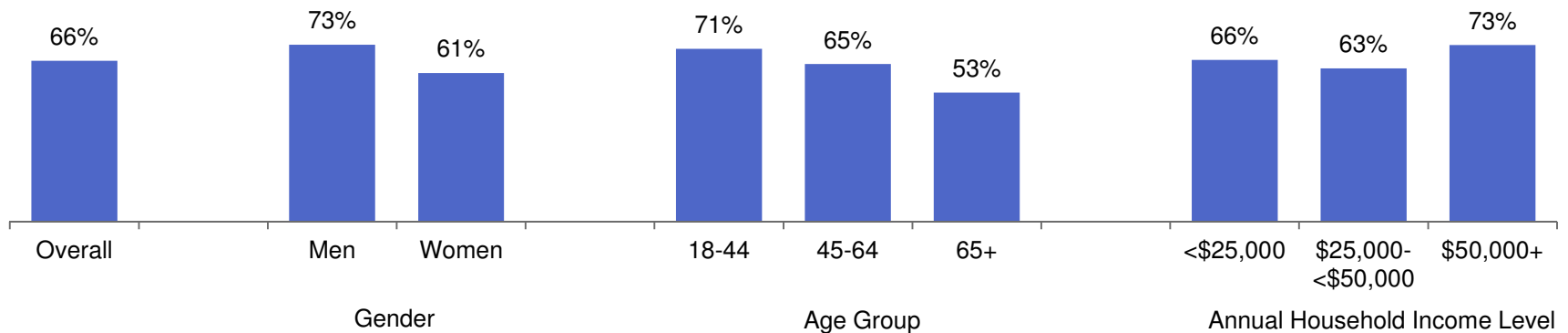
In 2011, about six in ten (59%) Vermont adults reported meeting physical activity recommendations*. This is statistically similar to the 66% reported among Middlebury area adults.

Men and women in the Middlebury area reported meeting physical activity recommendations at statistically similar rates, 73% for men and 61% for women.

Among Middlebury adults, meeting physical activity recommendations decreases with increasing age, however, there are no statistically significant differences.

There are no significant differences in meeting physical activity recommendations by annual household income level, among Middlebury area adults.

**Met Physical Activity Recommendations, Overall and by Sub-groups
Middlebury Adults**



*For adults, the CDC currently recommends they participate in 150 minutes of moderate physical activity or 75 minutes of vigorous activity per week. Strength building activities are recommended at least two times per week. For more information see:

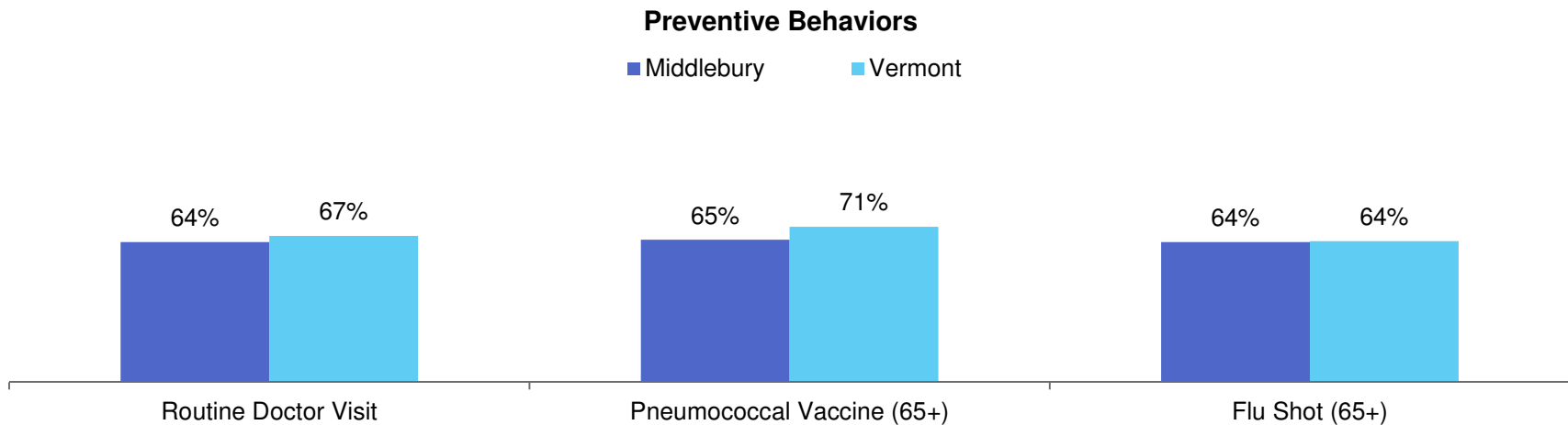
www.cdc.gov/physicalactivity/everyone/guidelines/index.html

Preventive Behaviors

Less than two-thirds (64%) of adults in the Middlebury area said they saw their doctor for a routine visit in the previous year. This is similar to the 67% reported among all Vermont adults.

Sixty-five percent of Middlebury area adults ages 65 and older have ever gotten a pneumococcal vaccine. Slightly fewer, 64% reported having a flu shot in the last year.

- Vermont adults, ages 65 and older reported getting pneumococcal and flu shot vaccines at similar rates to Middlebury adults, 71% and 64%, respectively.



Preventive Behaviors

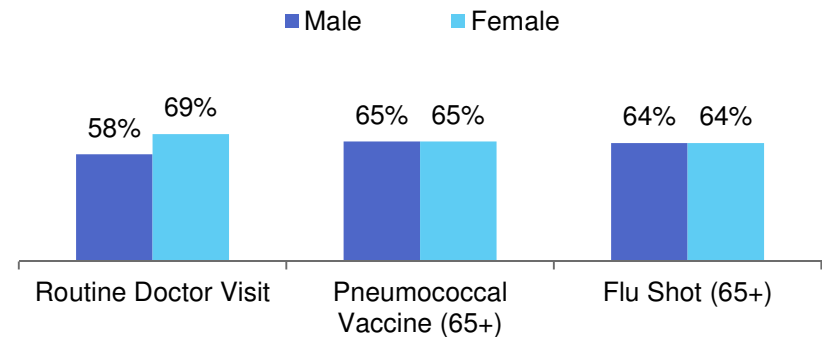
There are no statistical differences in routine visits to the doctor by gender, among Middlebury adults. Likewise, among adults 65 and older, there are no differences in rates of ever having a pneumococcal vaccine or annual flu shot.

Routine visits to the doctor in the last year increase with age.

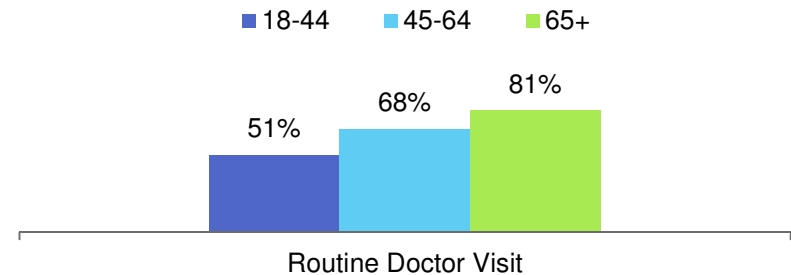
- All differences by age are statistically significant.

There are no differences, among Middlebury area adults, by annual household income level in the occurrence of routine doctor visits and receipt of a pneumococcal vaccine or flu shot.

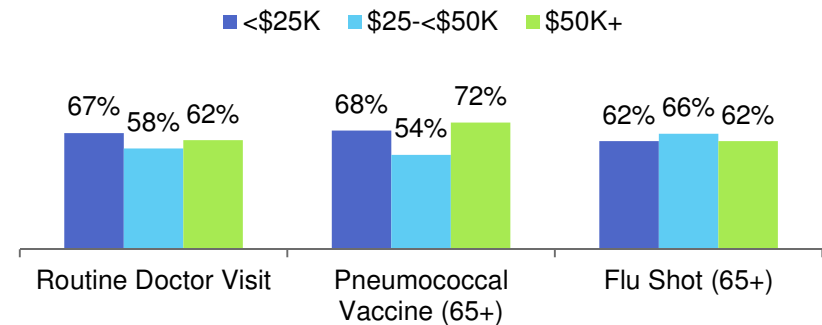
**Preventive Behaviors Gender
Middlebury Adults**



Preventive Behaviors by Age



Preventive Behaviors by Income Level



HIV Screening

In 2011-2012, less than three in ten (28%) Middlebury area adults had ever been tested for HIV. This is statistically similar to the 30% reported among Vermont adults overall.

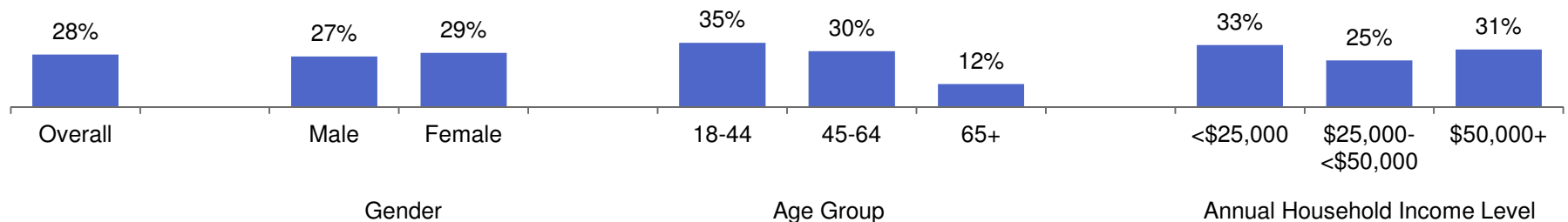
Men and women in the Middlebury area report HIV testing at similar rates.

Ever having an HIV test decreases with increasing age. In other words, as adults age they are less likely to have had an HIV test.

- Adults 65 and older are significantly less likely to have ever been tested for HIV compared with younger adults.

There are no differences, among adults in the Middlebury area, in HIV testing by annual household income level.

**Ever Had HIV Test, Overall and by Sub-Groups
Middlebury Adults**



Cancer Screening

In 2012, eight in ten women ages 50-74 in the Middlebury area reported meeting breast cancer screening recommendations. This is similar to the 82% among all Vermont women in this age group.

- The breast cancer screening recommendation is a mammogram every two years.

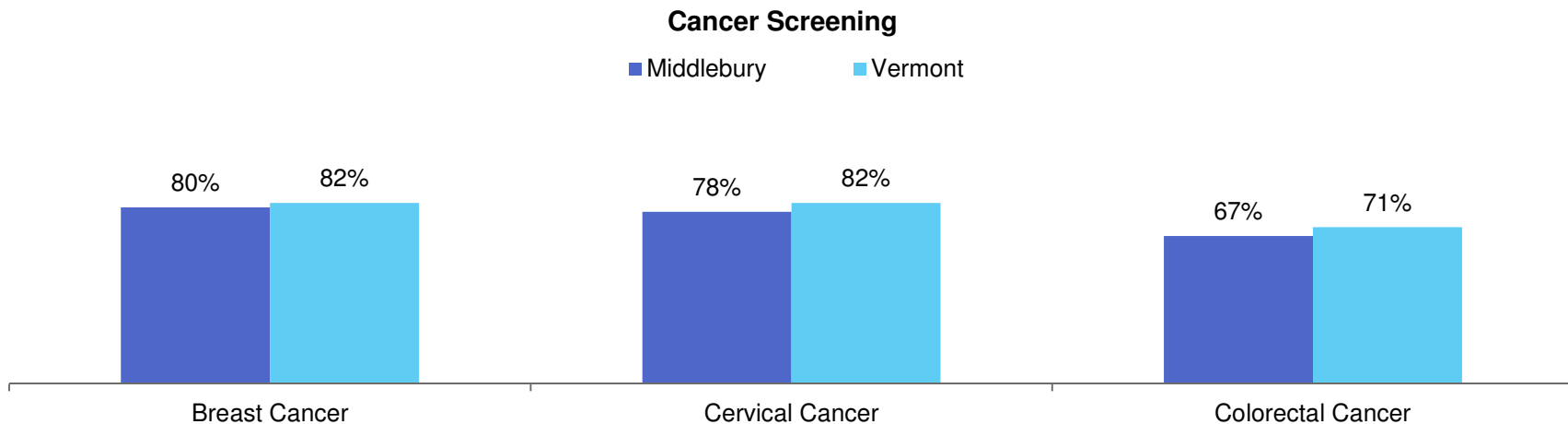
Seventy-eight percent of women 21 and older who live in the Middlebury area met cervical cancer recommendations, statistically similar to the 82% among Vermont women of the same age.

- Cervical cancer screening recommendations are for a PAP test every three years, and excludes women who have had a hysterectomy.

Among adults 50 to 75 living in the Middlebury area, roughly two-thirds (67%) met colorectal cancer screening recommendations. This also is similar to the rate reported by all Vermonters of the same age (71%).

- Recommendations for screening for colorectal cancer are: a fecal occult blood test (FOBT) annually OR sigmoidoscopy ever five years and FOBT every three years OR colonoscopy ever ten years.

Data on cancer screenings are not broken out by subgroup as the screening recommendations are already limited by age and/or gender.



Community Safety and Resources

About half (52%) of Middlebury area adults said they use community resources for physical activity (e.g. parks, playgrounds and sports fields). This is statistically similar to the 58% reported among Vermont adults overall.

Men and women in the Middlebury area use physical activity community resources at similar rates.

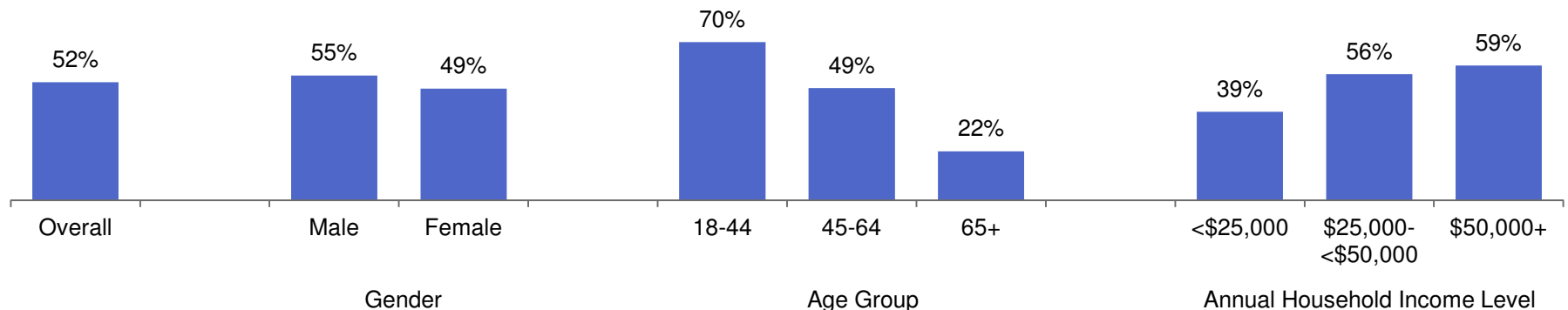
Use of community resources for physical activity decreases with increasing age.

- All differences, among Middlebury adults, are significant by age.

Middlebury area adults' use of community resources for physical activity increases with increasing annual household income level.

- Adults in homes making \$50,000 or more annually are significantly more likely to use community resources for physical activity than those in homes making less than \$25,000 annually.

**Use Community Resources for Physical Activity, Overall and by Sub-Groups
Middlebury Adults**



Additional Information

Contact the BRFSS Coordinator for additional information or for BRFSS data

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Additional sub-state level data can be found on the Vermont Department of Health website

<http://healthvermont.gov/hv2020/index.aspx>

Towns included in the Middlebury Health District are: Addison, Bridport, Bristol, Cornwall, Ferrisburg, Granville, Hancock, Leicester, Lincoln, Middlebury, Monkton, New Haven, Orwell, Panton, Ripton, Salisbury, Shoreham, Starksboro, Vergennes, Waltham, Weybridge, Whiting, and Buels Gore